

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **717919** (5)

1. Corporation Name

FLORIDA APARTMENT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789	1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789

3. Date Incorporated or Qualified

01/20/1970

4. FEI Number

59-1309017

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROW,PAT  
1133 W. MORSE, STE. 201  
WINTER PARK FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAVARETTA, NAN	
STREET ADDRESS	622 SAILFISH ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, JUNE	
STREET ADDRESS	2180 WEST SR 434 #6116	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PPPD	<input type="checkbox"/> DELETE
NAME	BRADBURN, CARY	
STREET ADDRESS	541 S ORLANDO AVE #200	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSENWASSER, MARK	
STREET ADDRESS	200 S HOOVER BLVD, BLDG 201, #110	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ACTON, LUANNE	
STREET ADDRESS	6503 N MILITARY TR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BUCK, STEVE	
STREET ADDRESS	2289 LEE RD	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAVARRETTA, NANETTE	
1.3 STREET ADDRESS	200 S. ORANGE AVENUE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32801	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILBRATH, JAN	
2.3 STREET ADDRESS	2180 W. STATE ROAD 434, #6116	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSENWASSER, MARC	
4.3 STREET ADDRESS	200 S. HOOVER BLVD., BLDG 201, #110	
4.4 CITY-ST-ZIP	TAMPA, FL 33609	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ACTON, LUANNE	
5.3 STREET ADDRESS	6503 N. MILITARY TRAIL	
5.4 CITY-ST-ZIP	BOCO RATON, FL 33496	
6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BUCK, STEVE	
6.3 STREET ADDRESS	1950 SUMMIT PARK DRIVE, #300	
6.4 CITY-ST-ZIP	ORLANDO, FL 32810	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

3/24/98

407-647-8839

CR2E037 (10/97)